

APR 06 2006

PTO/SB/22 (12-04)

| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>   |        | Docket Number (Optional) 015114-066100US |  |     |                  |   |       |      |   |       |       |   |        |       |  |        |       |  |        |        |
|---|--------|--|--|-----|------------------|---|-------|------|---|-------|-------|---|--------|-------|--|--------|-------|--|--------|--------|
| <b>FY 2005</b><br><i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>  |        |  |  |     |                  |   |       |      |   |       |       |   |        |       |  |        |       |  |        |        |
| Application Number 10/669,012 <i>PF</i>   |        | Filed October 31, 2003                   |  |     |                  |   |       |      |   |       |       |   |        |       |  |        |       |  |        |        |
| For FRAMING AND WORD ALIGNMENT FOR PARTIALLY RECONFIGURABLE PROGRAMMABLE CIRCUITS   |        |  |  |     |                  |   |       |      |   |       |       |   |        |       |  |        |       |  |        |        |
| Art Unit 2182   |        | Examiner Aurangzeb Hassan                |  |     |                  |   |       |      |   |       |       |   |        |       |  |        |       |  |        |        |
| <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table> <thead> <tr> <th></th> <th>Fee</th> <th>Small Entity Fee</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td>\$120</td> <td>\$60</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td>\$450</td> <td>\$225</td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td>\$1020</td> <td>\$510</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td>\$1590</td> <td>\$795</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td>\$2160</td> <td>\$1080</td> </tr> </tbody> </table> <p> <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.<br/> <input type="checkbox"/> A check in the amount of the fee is enclosed.<br/> <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.<br/> <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.<br/> <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>20-1430</u>. I have enclosed a duplicate copy of this sheet.     </p> <p><b>WARNING:</b> Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>I am the <input type="checkbox"/> applicant/inventor.<br/> <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br/>     Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).<br/> <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>48,163</u><br/> <input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br/>     Registration number if acting under 37 CFR 1.34 _____</p> <p><i>Signature</i> _____ <span style="float: right;">4/6/06</span><br/> <span style="float: right;">Date</span><br/>     Jason D. Lohr, Reg. No. 48,163 <span style="float: right;">415 576-0200</span><br/> <span style="float: right;">Telephone Number</span><br/>     Typed or printed name</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input checked="" type="checkbox"/> Total of <u>2</u> forms are submitted.</p> |        |  |  | Fee | Small Entity Fee | <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$120 | \$60 | <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$450 | \$225 | <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1020 | \$510 | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1590 | \$795 | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2160 | \$1080 |
|   | Fee    | Small Entity Fee                         |  |     |                  |   |       |      |   |       |       |   |        |       |  |        |       |  |        |        |
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))   | \$120  | \$60                                     |  |     |                  |   |       |      |   |       |       |   |        |       |  |        |       |  |        |        |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))   | \$450  | \$225                                    |  |     |                  |   |       |      |   |       |       |   |        |       |  |        |       |  |        |        |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))   | \$1020 | \$510                                    |  |     |                  |   |       |      |   |       |       |   |        |       |  |        |       |  |        |        |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))  | \$1590 | \$795                                    |  |     |                  |   |       |      |   |       |       |   |        |       |  |        |       |  |        |        |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))  | \$2160 | \$1080                                   |  |     |                  |   |       |      |   |       |       |   |        |       |  |        |       |  |        |        |

**NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.**

Total of 2 forms are submitted.

**415 576-0200**  
**Telephone Number**

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